



Complete Summary

TITLE

Melanoma: percentage of patients with a new diagnosis of melanoma or a history of melanoma who received all of the following aspects of care within the 12 month reporting period: (1) patient was asked about new and changing moles AND (2) patient received a complete physical skin examination AND (3) patient was counseled to perform a monthly self skin examination.

SOURCE(S)

American Academy of Dermatology, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Melanoma II physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2007 Oct. 23 p. [5 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients with a new diagnosis of melanoma or a history of melanoma who received all of the following aspects of care within the 12 month reporting period: (1) Patient was asked about new and changing moles AND (2) Patient received a complete physical skin examination AND (3) Patient was counseled to perform a monthly self skin examination.

RATIONALE

Early detection of an additional or secondary primary melanoma is an important goal of follow-up care. The majority of additional primary melanomas are

discovered by the patient or family member. Educating patients to perform self-examinations will lead to earlier detection of secondary primary sites of melanoma. Only 60% of physicians routinely perform full-body examinations with their high-risk patients.*

*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Skin examination and surveillance at least once a year for life is recommended for all melanoma patients, including those with stage 0 in situ-melanoma. Frequency of dermatologic surveillance should be determined individually, based on risk factors, including skin type, family history, presence of dysplastic nevi, and history of non-melanoma skin cancers. Clinicians should also consider educating patients about monthly self-exam of their skin and lymph nodes. (National Comprehensive Cancer Network [NCCN])

For patients with stage IA melanoma, a comprehensive H&P (with specific emphasis on the regional nodes and skin) should be performed every 3 to 12 months as clinically indicated. For patients with stage IB-III melanomas, a comprehensive H&P (with emphasis on the regional nodes and skin) should be performed every 3 to 6 months for 3 years; then every 4 to 12 months for 2 years; and annually (at least) thereafter, as clinically indicated. (NCCN)

A structured follow-up program could permit the earlier detection of recurrent disease at a time when it might be more amenable to potentially curative surgical resection. This follow-up would be particularly appropriate for patients at risk for regional nodal recurrence who have not yet undergone sentinel node biopsy or elective lymph node dissection. (NCCN)

All patients should be taught self-examination because many recurrences are found by patients themselves at home rather than by clinicians in the clinic. (British Association of Dermatologists [BAD])

PRIMARY CLINICAL COMPONENT

Melanoma; cutaneous melanoma; medical history; moles; complete physical skin examination; self-skin examination

DENOMINATOR DESCRIPTION

All patients with a new diagnosis of melanoma or a history of melanoma (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients who received all of the following aspects of care at least once within the 12 month reporting period: (1) Patient was asked specifically if he/she had any new or changing moles AND (2) A complete physical skin examination was performed and the morphology, size, and location of new or changing pigmented lesions were noted AND (3) patient was counseled to perform a monthly self skin examination (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Geller AC, O'Riordan DL, Oliveria SA, Valvo S, Teich M, Halpern AC. Overcoming obstacles to skin cancer examinations and prevention counseling for high-risk patients: results of a national survey of primary care physicians. J Am Board Fam Pract 2004 Nov-Dec;17(6):416-23. [PubMed](#)

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Patients of all ages are included in this measure

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients with a new diagnosis of melanoma or a history of melanoma

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients with a new diagnosis of melanoma or a history of cutaneous melanoma

Refer to the original measure documentation for administrative codes.

Exclusions

Documentation of system reason(s) for not performing the follow-up services (e.g., another physician performed the service)

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients who received all of the following aspects of care at least once within the 12 month reporting period: (1) Patient was asked specifically if he/she had any new or changing moles AND (2) A complete physical skin examination* was performed and the morphology, size, and location of new or changing pigmented lesions were noted AND (3) patient was counseled to perform a monthly self skin examination

*A complete physical skin examination includes: head (including the face), neck, chest (including the axillae), abdomen, back, and extremities. The genitalia (including the groin and buttocks) may also be examined (optional).

Refer to the original measure documentation for administrative codes.

Exclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Measure #1: melanoma follow-up measures.

MEASURE COLLECTION

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

MEASURE SET NAME

[Melanoma Physician Performance Measurement Set](#)

SUBMITTER

American Medical Association on behalf of the American Academy of Dermatology, the Physician Consortium for Performance Improvement®, and the National Committee for Quality Assurance (NCQA)

DEVELOPER

American Academy of Dermatology
National Committee for Quality Assurance
Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

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FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

INCLUDED IN

Ambulatory Care Quality Alliance

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2007 Oct

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

American Academy of Dermatology, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Melanoma II physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2007 Oct. 23 p. [5 references]

MEASURE AVAILABILITY

The individual measure, "Measure #1: Melanoma Follow-Up Measures," is published in the "Melanoma II Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on October 2, 2007. The information was verified by the measure developer on November 21, 2007.

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